OUTAGE REQUEST FORM

Form to be submitted 7 days prior to requested outage. Top portion to be completed by requestor (typed in).

Date: _____

NCRF# / Project Name / Acct #: _____

Outage Request Date: _____

Affected System or Utility: _____

Location: _____

Shutdown Area: ☐ Above Floor ☐ Below Floor

Outage to Begin (Date/Time): (MM/DD/YYYY): _____ AM PM

Outage to End (Date/Time): (MM/DD/YYYY): _____ AM PM

Outage For: ☐ Weekdays ☐ Weekends ☐ Over nights

Title	Company/Department	Name	Email (if you want to be notified)	Cell Phone
PM	TTUHSC			
PM	TTU			
Contractor				
Client				
Client				

TO BE COMPLETED BY PLANT OPERATIONS

AFFECTED SHOP(S)

_____ **Electric**

_____ **Plumbing**

- _____ Domestic Water
  - _____ Cold Water
  - _____ Hot Water
  - _____ Hot Water Return
- _____ Natural Gas
- _____ Medical Gas Type: _____
- _____ Waste Lines
  - _____ Sanitary Sewer
  - _____ Acid Waste

_____ **HVAC**

- _____ Steam
- _____ Chilled Water
- _____ Heating Water
  - _____ Air Handler Unit(s): _____
  - _____ Chilled or Heating Water Pumps: _____

_____ **Fire & Safety**

- _____ Fire Detection System Disabled: ☐ yes ☐ no
- _____ Fire Suppression System Disabled: ☐ yes ☐ no
- _____ Disable Bells: ☐ yes ☐ no
- _____ Affected Area(s): _____
- _____ EMS / POEC Notified: ☐ yes ☐ no
- _____ Safety Services Notified: ☐ yes ☐ no
- _____ Police Services Notified: ☐ yes ☐ no

_____ **Other Shop(s):** _____

Additional Comments:

Amarillo (806) 414-9670
Midland/Odessa (432) 703-5091
Abilene (325) 696-0455
Lubbock (806) 743-2070